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APPLICANTS

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*Kmd***** CONTINUING DATA *******

This appln claims benefit of 60/426,683 11/15/2002 *Kmd*

**** FOREIGN APPLICATIONS ********Kmd***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verifier and Acknowledged <i>Katherine Dorne Kmd</i> Examiner's Signature Initials				

ADDRESS

27777

TITLE

Cap for a dermal tissue lancing device

FILING FEE RECEIVED 1798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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